

Training Provider Research Certification Form

To be completed by the customer. This document provides the Department of Employment Services information that certifies that you have fulfilled the requirement to research a minimum of three training institutes from our training provider list prior to being considered for training. It must be filled out in its entirety.

I, _____ have visited the following three schools:
Customer Name

No. 1

School: _____

Training Provider

Address: _____ City: _____ State: _____

Date of Visit: _____ Spoke To: _____ Telephone: _____

School Representative

Type of Training _____ Will you receive a certification? Yes _____ No _____

No. 2

School: _____

Training Provider

Address: _____ City: _____ State: _____

Date of Visit: _____ Spoke To: _____ Telephone: _____

School Representative

Type of Training _____ Will you receive a certification? Yes _____ No _____

No. 3

School: _____

Training Provider

Address: _____ City: _____ State: _____

Date of Visit: _____ Spoke To: _____ Telephone: _____

School Representative

Type of Training _____ Will you receive a certification? Yes _____ No _____

Based on my research on the above-listed schools, I have selected and am requesting that the Department of Employment Services consider authorizing me to attend the following school:

Name of School: _____

Address: _____

Type of Training: _____

I have chosen this school because: _____

I understand that this is a request and there is no guarantee that I will be approved to attend the above training.

Customer Signature: _____ Date: _____